

# Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly

( Established & run by Shri Ram Murti Smarak Trust )

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# SRMS

## REGISTRATION FORM Post Doctoral Certificate Course (PDCC) ( Session ..... )

Paste Color  
Photograph Here

1. A) Department - .....
- B) Post Doctoral Certificate Course - .....
2. Name : .....
- (In Capital Letters)*
3. (a) Male                      (b) Female       3. Date of Birth :
4. Permanent .....
- Address : .....
5. Father's/Guardian's Name : .....
- Father's Occupation: .....
6. Mother's Name : .....
- Mother's Occupation: .....
7. Mailing .....
- Address : .....

**Educational Qualification :**

Sl	Qualification	Passing Year	Board/Univ./Institute	Attempt
1.	High School			
2.	Intermediate			
3.	MBBS 1st Prof.			
4.	MBBS 2nd Prof.			
5.	MBBS 3rd Prof.(Part-I)			
6.	MBBS 3rd Prof. (Part-II)			
7.	Internship Period & Institution/Hospital Name			
8.	PG (MD/MS/DNB)			
9.	DMRD			

State Council Registration No. : .....

MCI Registration No. : .....

**Date :** .....

**Signature of Candidate**